1														
PATENT APPLICATION FEE DETERMINATION REC) .	Application or Docket Number					
-	Effective October 1, 2000									09/890620				
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER					
$\ \Gamma \ $	TOTAL CLAIN	AS	(C010	mn r)	<u> (C</u>	olumn 2)	7	TYPE		0		SMALL ENTITY		
ľ	OR	NUMB	NUMBER FILED		NUMBER 5450		RATE			RATE				
1	OTAL CHARG	10	10		NUMBER EXTRA		BASIC F	EE		BASIC FI	== 100			
11	DEPENDENT	1-	9 minus 20=			l l	X\$ 9=		01	X\$18=	:			
ΙΗ	ULTIPLE DEPI		minus 3 =			X40=			OF	X80=				
┞		· · · · · · · · · · · · · · · · · · ·						+135=		7	` 	 		
•	If the difference	ce in column 1 i	s less than	zero, enter	"0" in	column 2	L	TOTAL		OF	`	1,000		
	CLAIMS AS AMENDED - PART II								· L	JOF		IKKK		
Г	T .	(Column 1)	(Colun	nn 2)	(Column 3)		SMALL	. ENTITY	OR		R THAN ENTITY			
AMENDMENT A	10-18-04	REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL		
	Total	1.77	Minus	1.2))	<u> </u>	 	X\$ 9=	FEE	1		FEE		
	Independent	. 2	Minus	1 2	<u></u>	=/.	·		 	OR	X\$18=	/		
	FIRST PRESENTATION OF MUL		IULTIPLE DE	PENDENT	CLAIM		L	X40=	/	OR	X80=			
							-	135=		OR	+270-	r		
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3) CLAIMS (Market 1) HIGHEST													
AMENOMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	R JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		=	;	K\$ 9=		OR	X\$18=	, , , ,		
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	:					•	Ŀ	135=		OR	+270=	:		
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١	·· ; · · · .	(Column 1) CLAIMS	e. 200 a	(Column		(Column 3)				_	_			
AMCINDINGIN	r (kang d	REMAINING AFTER AMENDMENT	165414-000	NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
	Total	•	Minus	••		=	H	\$ 9=	FEE	 	Y242	FEE		
	ndependent	•	Minus	***		=	\vdash			OR	X\$18=			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT C	LAIM		L [×]	40=		OR	X80=			
. 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT THE Trighest Number Previously Paid For IN THIS SPACE IS less than 20, enter "20."									OR	+270=			
!!	the Highest Num	nhat Provinces Pa	N FOR IN THIS	SPACE is le	se than	20, enter "20."	ADDI	TOTAL T. FEE		OR A	TOTAL DOIT. FEE			
••	"Aniazi MUM	per Previously Paid	For (Total or	Independent)	is the i	righest number to	ni bnua	n the app	ropriate box	in calu	mn 1.			